

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

See separate instructions.

Your first name and initial Michael L	Last name Williams	Your social security number <del>XXXXXXXXXX</del>
If a joint return, spouse's first name and initial Donna N	Last name Williams	Spouse's social security number <del>XXXXXXXXXX</del>

Home address (number and street). If you have a P.O. box, see instructions.  
~~XXXXXXXXXXXXXXXXXXXX~~

Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
~~XXXXXXXXXXXXXXXXXXXX~~

Foreign country name Foreign province/county Foreign postal code

**Filing Status**

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ►

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a . . . . .

b ☒ Spouse . . . . .

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ► ☐

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- lived with you
- did not live with you due to divorce or separation (see instructions)

**Dependents on 6c not entered above**

**Add numbers on lines above ►** 2

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	241,415.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	320.
b	Tax-exempt interest. <b>Do not</b> include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	95,701.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ►	22	337,436.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ►	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ►	37	337,436.

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**Amount You Owe****Third Party Designee****Sign Here**

Joint return? See instructions. Keep a copy for your records.

**Paid Preparer Use Only**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	337,436.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1947, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1947, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	66,694.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	270,742.
<b>42</b>	<b>Exemptions.</b> Multiply \$3,700 by the number on line 6d.	<b>42</b>	7,400.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	263,342.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> 962 election	<b>44</b>	64,357.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	64,357.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see instructions)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	64,357.
<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
<b>60</b>	Other taxes. Enter code(s) from instructions	<b>60</b>	
<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	64,357.
<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	66,691.
<b>63</b>	2011 estimated tax payments and amount applied from 2010 return	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	66,691.
<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	2,334.
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	2,334.
<b>b</b>	Routing number <del>XXXXXXXXXXXXXXXXXXXX</del> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <del>XXXXXXXXXXXXXXXXXXXX</del>		
<b>75</b>	Amount of line 73 you want <b>applied to your 2012 estimated tax</b>	<b>75</b>	
<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see instructions	<b>76</b>	
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name

Phone no.

Personal identification number (PIN)

Your signature

Date

Your occupation

Daytime phone number

Commissioner

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Engineer

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name **SELF PREPARED**

Firm's EIN

Firm's address

Phone no.

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

**2011**Attachment  
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

**Your social security number**

Michael L &amp; Donna N Williams

**Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid****5** State and local **(check only one box):**

- a** ☐ Income taxes, or
- b** ☒ General sales taxes

- 6** Real estate taxes (see instructions) . . . . . **6** 8,590.
- 7** Personal property taxes . . . . . **7**
- 8** Other taxes. List type and amount ▶
- 9** Add lines 5 through 8 . . . . . **9** 11,017.

**Interest  
You Paid****Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 10** Home mortgage interest and points reported to you on Form 1098 **10** 10,216.
- 11** Home mortgage interest not reported to you on Form 1098. If paid  
to the person from whom you bought the home, see instructions  
and show that person's name, identifying no., and address ▶ **11** 8,910.
- 12** Points not reported to you on Form 1098. See instructions for  
special rules . . . . . **12**
- 13** Mortgage insurance premiums (see instructions) . . . . . **13**
- 14** Investment interest. Attach Form 4952 if required. (See instructions.) **14**
- 15** Add lines 10 through 14 . . . . . **15** 19,126.

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

- 16** Gifts by cash or check. If you made any gift of \$250 or more,  
see instructions. . . . . **16** 36,551.
- 17** Other than by cash or check. If any gift of \$250 or more, see  
instructions. You **must** attach Form 8283 if over \$500 . . . . . **17**
- 18** Carryover from prior year . . . . . **18**
- 19** Add lines 16 through 18 . . . . . **19** 36,551.

**Casualty and  
Theft Losses**

- 20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . . **20**

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if required.  
(See instructions.) ▶ **21**
- 22** Tax preparation fees . . . . . **22**
- 23** Other expenses—investment, safe deposit box, etc. List type  
and amount ▶ **23**
- 24** Add lines 21 through 23 . . . . . **24**
- 25** Enter amount from Form 1040, line 38 **25**
- 26** Multiply line 25 by 2% (.02) . . . . . **26**
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27**

**Other  
Miscellaneous  
Deductions**

- 28** Other—from list in instructions. List type and amount ▶ **28**

**Total  
Itemized  
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount  
on Form 1040, line 40 . . . . . **29** 66,694.
- 30** If you elect to itemize deductions even though they are less than your standard  
deduction, check here ☐

- Keep for your records

Name(s) Shown on Return Michael L & Donna N Williams	Social Security Number <del>XXXXXXXXXX</del>
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Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
The Potter's House Church	21,659.	21,659.		
United Way	1,300.	1,300.		
Joyce Meyers Ministries	220.	220.		
Meals on Wheels	396.	396.		
Partnership for Arlington	120.	120.		
Most Blessed Sacrament Catholic Ch	5,525.	5,525.		
Rotary Club of North Arlington	39.	39.		
Our Mother of Mercy Catholic Schoo	200.	200.		
Catholic Diocese of Fort Worth	2,250.	2,250.		
See Additional Cash Contributions Summary	4,842.	4,842.		
Totals:	36,551.	36,551.		

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2011 contributions . . . . .	36,551.		36,551.			
2 2011 contributions allowed	36,551.		36,551.	0.	0.	0.
3 <b>Carryovers from:</b>						
a 2010 tax year . . . . .						
b 2009 tax year . . . . .						
c 2008 tax year . . . . .						
d 2007 tax year . . . . .						
e 2006 tax year . . . . .						
4 Carryovers allowed in 2011	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2011	0.		0.	0.	0.	0.
6 <b>Carryovers to 2012:</b>						
a From 2011 . . . . .	0.		0.	0.	0.	0.
b From 2010 . . . . .						
c From 2009 . . . . .						
d From 2008 . . . . .						
e From 2007 . . . . .						
f From 2006 (expired)						

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

## Additional information from your 2011 Federal Tax Return

Some forms were not able to fit all of the information you entered. We've included this information below.

### Charitable Contributions Summary Additional Cash Contributions Summary

### Continuation Statement

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Living on the Edge	285.	285.		
Susan G. Komen Dallas Race for the	13.	13.		
Fellowship Church of Grapevine	50.	50.		
The Heritage Foundation	1,000.	1,000.		
A Wish With Wings	625.	625.		
BNAI Zion Foundation, Inc	500.	500.		
Burleson Pregnancy Aid Center	1,083.	1,083.		
Justice at the Gate Ministries	250.	250.		
Crossroads Christian Church	125.	125.		
Prairie View A&M University	150.	150.		
SOS Ministry	200.	200.		
St. Jude's Hospital	10.	10.		
Union Gospel Mission of Tarrant Co	25.	25.		
Prostrate Cancer	10.	10.		
Musclolar Dystrophy Association	10.	10.		
PPL w/ Disabilities	6.	6.		
Texas Young Republican Federation	500.	500.		
Total	4,842.	4,842.		